



**PHYSICAL THERAPIST ASSISTANT
EQUIVALENCY
APPLICATION FEE SCHEDULE**
(FEES SUBJECT TO CHANGE)

FULL NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER: _____

Required Fee:

(Check boxes for fees submitted)

☐ **Application Processing Fee**

PTA Equivalency (U.S. Applicants Only) (Education & Work Experience or Military)

The application processing fee is non-refundable and must be submitted with application.

\$75.00

Non-California Resident Fee:

☐ **Fingerprint Card Processing Fee**

The fingerprint card processing fee is only required if you submit the fingerprint card with your application.

If you are a resident of California, you are required to have your fingerprints processed via Live Scan.

(Refer to the fingerprinting instructions.)

\$51.00

Total: \$ _____

**PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE PTBC
AND PAPER CLIP YOUR CHECK TO THE FEE SCHEDULE**

FOR BOARD USE ONLY

CASHIERING USE ONLY	RECEIPT NO.	PTA APP 12570023	FPC 99193701	
		\$75	\$51	

ATS # _____